



John Engler, Governor
James K. Haveman, Jr., Director
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The Michigan Advocate

Upcoming Events

National Crime Victims' Rights Week 2002

April 21-27, 2002
Information: Resource guide available at
<http://www.ojp.usdoj.gov/ovc/>

Michigan Crime Victims' Rights Week Ceremony

April 24, 2002; 6:00 p.m.
Capitol Rotunda, Lansing, MI
Information: Denice Purves at 1-800-968-2320

Prosecuting Attorneys Association of Michigan*

Annual Victims' Rights Training Conference
May 7-10, 2002
Crystal Mountain Resort, Thompsonville, MI
Information: Terri Young at (517) 334-6060

Helping Co-victims of Homicide

June 19-21, 2002
Location TBA
Information: Terri Young at (517) 334-6060

Three Part Training Seminar

Part 1: July 22 - *Cultural Awareness*
Part 2: July 23 - *The Juvenile Justice System and Victims' Rights*
Part 3: July 24-26 - *Basic Training for New Advocates*
Terrace Bay Resort, Escanaba, MI
Information: Terri Young at (517) 334-6060

*VOCA grantees may utilize approved travel funds to attend training

Michigan Coalition Against Domestic and Sexual Violence*

Women of Color Institute
June 15-16, 2002
Treetops Sylvan Resort, Gaylord, MI
Information: Lynn Lucas at (517) 347-7000 ext. 21
llucas@mcadsv.org

Annual Statewide Conference

June 17-19, 2002
Treetops Sylvan Resort, Gaylord, MI
Information: Lynn Lucas at (517) 347-7000 ext. 21
llucas@mcadsv.org

National Victim Assistance Academy*

Preparing Future Leaders for the Field of Victim Services
June 23-28, 2002
Three locations: Fresno, CA; Charleston, SC; Topeka, KS
Information: Victims' Assistance Legal Organization at
(703) 748-0811

VOCA Program Evaluation Trainings – Dr. Cris Sullivan/MPHI*

Level 1: June 26 – Kellogg Center at MSU, East Lansing, MI
Level 2: September 18 – Treetops Sylvan Resort, Gaylord, MI
Information: Shari Murgittroyd at (517) 324-7349
smurgitt@mphi.org

Michigan Victim Assistance Academy*

June 9-14, 2002
Michigan State University, East Lansing, MI
Information: Danah Henriksen at 1-800-892-9051
danah.henriksen@ssc.msu.edu
<http://www.cj.msu.edu/~outreach/mvaa/>

FY 2002-2003 VOCA Victim Assistance Grant Funding Schedule

February 22, 2002	Announcement of VOCA grant funding and availability of Application Guideline Package
March 11, 2002	VOCA Grant Application website activated: http://sigmaweb.mdch.state.mi.us/sigma2/
March 12, 2002	Michigan Library and Historical Center VOCA Grant Application Workshop VOCA Grant Reporting Workshop (current contractors only)
March 22, 2002	Michigan Library and Historical Center VOCA Grant Application Workshop VOCA Grant Reporting Workshop (current contractors only)
April 19, 2002	Final Application Submission Deadline
August 30, 2002	VOCA agreements mailed
October 1, 2002- September 30, 2003	VOCA agreement fiscal year

The Michigan Advocate

A publication of the Michigan Crime Victim Services Commission

Volume 3 Issue 1 2002

MEMORANDUM

April 2, 2002

TO: Jennifer Sykes McLaughlin, Managing Editor
The Michigan Advocate

FROM: Mike Fullwood, Director, Crime Victim Services Commission

SUBJECT: My Michigan Advocate Article - Memo No. 4

I know that I was supposed to have an article ready for you for page one of *The Michigan Advocate* well over a month ago, and I apologize again for my tardiness in that regard. However, as you gain experience working with us, you will understand that in spite of my best intentions, I am often and inexplicably late with my article contributions. As hard as I try to be punctual, things always seem to come up that keep me away from these favored writing tasks. It's something I'm trying to work on. I promise!

By the way, you have done an excellent job of gathering and editing some fantastic articles by our guest writers. I am always humbled by the quality and diversity of knowledge that is presented by contributors to *The Michigan Advocate*, and by the unselfish acts of sharing good information that Michigan's service providers are known for. And well, Jen, as I've been kind of busy, would you say thanks to all of our contributors once again, please? Without them there would be no *Michigan Advocate*.

I want you to know what a great job you are doing putting the publication together. Your fresh ideas and enthusiasm have been a very positive influence for us all. I was especially intrigued by the idea of using more photographs in the newsletter until you started pointing that camera at me. And, as I said as I hurdled the chair on my way out of your office, I'm pretty sure our readers do not want to look at my picture. In fact, I have several signed affidavits in my desk drawer attesting to it—if that would help to convince you.

Right! So, instead of calling you with bad news of another false start here at my end, I thought I would send this memo to let you know that I really, really will have an article completed for you within just a week or so. I have some great ideas but I just need to flesh them out a little. If you could just be patient with me for a little while longer, I'm sure the wait will be well worth it. Why, before you know it, my article will be completed and be right there on your desk. I promise!

(Jennifer Sykes McLaughlin is a Research Associate at the Michigan Public Health Institute. Her duties as managing editor include the day-to-day coordination of this publication. Much to her good-natured dismay, these duties include getting Mike Fullwood to finish a first page article on time.)

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The Aftermath of Terrorism

■ By Kathryn E. Tucker

September 11th has changed us all, and will continue to affect us for years to come. As I write this article, the war in Afghanistan is winding down, the anthrax scare has diminished, bin Laden has yet to be captured (but they tell us “any day”) and most people are getting on with their lives. Sadly, not everyone feels up to “moving on.”

Although we all are affected by terrorism, we are affected for different reasons at different levels of intensity. Our responses may be similar, yet they probably will not be identical to those of our friends, colleagues or family. For many people, crime victims in particular, the terrorist attacks in September evoked many long-forgotten images and memories.

Reawakening Past Trauma

Here at Detroit Receiving Hospital, we provide psychological services to people who have been victims of crime – both recent and remote. Despite my years of experience in the field, I was amazed at the wide range of responses to the events of September 11th.

Some of my patients are the relatives of homicide victims. One woman, Ms. H, whose son was murdered, was reminded that her son did not have the opportunity to call home. She wondered if he would have forgiven her for yelling at him earlier in the day. Prior to the attack, Ms. H had begun to feel like she was getting some closure over her son’s death. Her treatment had been progressing well until she suffered a relapse as she imagined what other parents might be experiencing as they watched the collapse of the towers.

For Mr. D, the terror attack reawakened doubts and mistrusts about his father, a self-centered career climber. Mr. D was so distraught that he imagined a conspiracy between President Bush and the terrorists, thinking the attack may have been orchestrated to further the President’s political career. Even as recently as this month, Mr. D was comparing the aftermath of the collapse of the twin towers, the attack on Hiroshima, Japan, and his father’s physical collapse from exhaustion.

Ms. E, a survivor of childhood incest, was frantic. She feared she could be attacked in her apartment, felt unsafe even in her home, and was haunted by the media images. Nowhere did she feel safe. She was distressed that her boyfriend did not understand her fear. She cried for many days, reminded of the times she had been locked in her room, or forced to stand in the corner all night, with all the lights out, all the family asleep. If her father caught her sleeping or out of the corner, she was beaten. The collapse of the towers reminded her of being trapped in a tight space, not sure if she would live or die by her father’s hand. This memory and image

continues to haunt her, but became worse recently after recent news of suspected counter-attacks by the al-Qaida forces.

There were so many elements to the terrorist events – death by explosion, fire, jumping, being crushed in a small place, the hostage-hijack situation, knowing death was coming, smoke, and falling debris, to name a few. It should not be surprising that most of us were haunted by real and imagined horror. In addition, the media broadcasts during and after the attack were, and still are, a constant reminder of our vulnerability.

Balancing Victim Trauma and Caregiver Stress

Even now, several months after this shared terror, people may feel bothered by stress and reminders related to September 11th and may find themselves feeling the strain. Professionals who provide assistance must do so with a great capacity to balance their own reactions and needs with those of their clients and patients. This requires resiliency, which the professional may need to fortify in order to continue to meet the needs of those who are suffering.

Professionals must recognize that stress may not be demonstrated directly. Instead, this stress may appear as a regression of symptoms and behaviors. Clients may seem distracted, irritable or moody. They may lose motivation, be easily angered or express increased worry about relationships.

continued on page 7

Questions regarding CVSC Programs may be directed to the Program Specialist:


Crime Victim Assistance/VOCA Grants:
Leslie O’Reilly (517) 334-9180

Crime Victim Compensation Claims/Restitution Coordination:
Marian Smith (517) 334-9181 or Janine Washburn (517) 334-9182

Crime Victim Rights:
Beth Adcock (517) 334-9943

Production and distribution of *The Michigan Advocate* is provided by the Michigan Public Health Institute. Suggestions, comments and articles may be directed to:

Jennifer Sykes McLaughlin, Michigan Public Health Institute
(517) 324-8387 or jsykes@mphi.org



MPHI Staff relevant to this publication:

D. Thomas Nelson, *Editor-in-Chief*
Jennifer Sykes McLaughlin, *Managing Editor*
Shari Murgittroyd, *Contributing Editor*
Carolynn Lawler, *Design & Layout*

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Terrorism (continued from page 2)

If your client, friend or family member seems like they are experiencing any of these symptoms, you can help them by listening, keeping in mind the underlying experience of intense fright and sorrow that was evoked by this assault. Remember, although this was a shared event, we all ascribe our own personal meaning to the tragedy. Encourage them to reconnect with community activities, their spiritual base or family. Encourage them also to attend to their physical and comfort needs (eat right, get plenty of rest and exercise – good advice for all of us). Most importantly, encourage them to pay attention to their “warnings of stress” – those “little cues” such as locking the keys in the car or double-booking appointments. (For me it was a minor fender-bender, which might have been a bit of a late warning!) If these measures do not seem to alleviate some of the symptoms, encourage the client to seek help from a qualified mental health professional.

Caring for the Caregiver

Professionals should be alert to their own responses as well. These may include the temptation to share their reactions with clients (a loss of boundaries between helper and helped), feeling overwhelmed, increased emotionality, decreased interest in work and feeling stressed (early signs of professional burnout). Mental health professionals in particular must strive to balance personal reactions to the shared tragedy with maintenance of the boundaries of the relationship. In order to remain effective, professionals need to self-monitor and bolster their resilience.

This period in our history holds unprecedented tension. Its aftermath will likely affect us for some time. Our worldviews, values and priorities may change, and so they will for our patients and clients. We will all be affected. Working with crime victims can be very rewarding for both advocate and client. For your clients, remember that their reactions will be personal and may evoke previous traumas and losses. Keep in mind that they may not express their reactions directly. For advocates, in order to maintain a high standard of excellence in this work, caregivers must remember to self-monitor their own reactions, accept limitations, and seek help when needed. ■

Kathryn E. Tucker, Ph.D., is Director of Psychology Practicum Training at the Detroit Receiving Hospital and Life Stress Center.

Web Resources

**The Official Office for Victims of Crime Homepage—
<http://www.ojp.usdoj.gov/ovc/welcome.html>**

This site offers useful guides, including the *OVC Guide to Coping After Terrorism*.

**National Clearinghouse on Child Abuse and Neglect—
<http://www.calib.com/nccanch/database/>**

This site is a national resource for professionals seeking information on the prevention, identification and treatment of child abuse and neglect.

**The Missouri Victim Assistance Network—
<http://mova.missouri.org/links.htm>**

This site provides links useful to crime victims and victim advocates.

**The National Organization for Victim Assistance—
<http://www.try-nova.org>**

This site provides links to the NOVA message boards and offers information to victims and service providers.

**The Federal Bureau of Investigation—
<http://www.fbi.gov/kids/crimepre/crimeprev.htm>**

This site offers Internet Safety Tips and Internet law enforcement stories.

**Victim Assistance Online—
<http://www.vaonline.org>**

This site is an information, research and networking resource for victim assistance specialists and professionals in related disciplines.

Department of Community Health Develops Bioterror Readiness

The state of Michigan has been preparing for a bioterrorism event should one occur. In 1999, the Michigan Department of Community Health (MDCH) was awarded funding from the Centers for Disease Control and Prevention (CDC) to begin the following preparations:

1. Plan for the coordination and emergency management of a bioterrorism event. This primarily involves planning, training and coordinating responses with the state’s Emergency Management Division, the FBI, and with local health departments and hospitals.
2. Develop a more robust and sensitive disease surveillance system that would detect a bioterrorist event very rapidly.
3. Develop the capacity to identify biological agents in the laboratory that may be used as a weapon, including anthrax, botulism, plague and tularemia.
4. Develop the capacity to provide support to the CDC laboratories in the event of a chemical attack.

The threat of an attack with a biological or chemical weapon continues and the MDCH, along with its partner agencies, continues to develop relationships, test plans and improve our capacity to detect and diagnose diseases in Michigan that may be caused by terrorists.

Contributed by Gillian Stoltman, Director, Division of Communicable Disease and Immunization, Community Public Health, and David R. Johnson, M.D., Chief Medical Executive, Michigan Department of Community Health.

Evaluation Made Easy (and Useful!)

■ By Cris M. Sullivan

Let’s face it: choosing to evaluate our work is not the most appealing or exciting decision any of us has ever made. As a matter of fact, many of us come to it only because we have funders breathing down our necks convincing us what a great idea it is. However, although the thought of evaluation can be daunting, there are some good reasons we want to systematically examine the job we are doing. The most important reason is that we want to understand the impact of what we are doing on people’s lives. At the same time, we *don’t* want to continue putting time and resources into efforts that are not helpful. Evaluation is also important because it provides us with hard evidence to present to funders, encouraging them to continue and increase our funding.

Hesitation about evaluating our own work usually stems from (1) lack of time; (2) lack of knowledge about evaluation; (3) lack of tools; and (4) the fear that our evaluations won’t adequately illustrate the good job we believe we are doing.

The good news is that the Crime Victim Services Commission offers evaluation

trainings that address all of these important issues. The one-day training sessions focus on teaching people how to conduct empowerment evaluations that minimize extra work and maximize the likelihood of obtaining useful information for programs.

So what is empowerment evaluation? Put simply, empowerment evaluation involves (1) having agency staff design, implement and interpret their own evaluations, with input from clients, so that (2) outcomes are relevant to the agency and clients, and (3) findings can be used to improve services. There is no need to hire an outside evaluator. The CVSC trainings and technical assistance opportunities have been designed to help agencies learn everything they need to know to evaluate themselves. The trainings cover (1) involving clients in the evaluation process; (2) respecting client confidentiality and safety; (3) deciding when, how, and how often to collect information; (4) paying attention to issues of diversity; and (5) using the information to improve or expand services. Sample tools will be provided to participants to prevent us

all from unnecessarily reinventing the wheel. Special emphasis will be placed on sensitive issues that are especially relevant to agencies assisting victims of crime, such as: (1) Is it ever appropriate to collect information from clients who are in crisis? (2) Is it appropriate to collect information from children? (3) How do we choose outcomes that are respectful of our clients’ autonomy and diverse needs?

The 2002 Level I Training will be held June 26th at the Kellogg Center on the campus of Michigan State University. A Level II Training, which goes into more detail about collecting, analyzing and interpreting data, will be held September 18th in Gaylord. More information will be sent to VOCA grantees at a later time, but you might want to save those dates. I hope to see you there! ■

Cris Sullivan, Ph.D., is Associate Professor of Ecological/Community Psychology at Michigan State University, and Director of Evaluation for the Michigan Coalition Against Domestic and Sexual Violence. She serves as Principal Investigator for the Michigan Public Health Institute’s Crime Victim Services Commission Technical Assistance Project.

Michigan Victim Assistance Academy—June 9-14

■ By Leslie A. Hagen

Michigan State University annually sponsors the Michigan Victim Assistance Academy (MVAA), a week-long program offering a broad-based education on victims’ rights and services. The 2002 MVAA is now seeking candidates interested in attending this intensive 45-hour program to be held June 9-14 on the campus of Michigan State University.

The academy seeks to address the need for a broad understanding of victims’ rights, recognizing that there is often overlap in types of victimization and that a coordinated community response may be most effective. To that end, the Academy endeavors to share a common core of knowledge among diverse victim service providers.

Anyone working with crime victims is encouraged to apply. Approximately 40 candidates will be selected to attend the academy. These 40 participants will enjoy a fast-paced week of instruction by expert faculty on topics such as *Developing a Coordinated Community Response*, *The Medical Response to Crime Victims*, *Children as Crime Victims*, and *The Crime Victims Rights Act*. University credits are available for those who take additional class sessions during the Academy and write a plan for developing a coordinated community response to one or more types of crime victimization in an actual community setting. The CVSC will be offering scholarships to cover the cost of tuition. ■

Leslie A. Hagen, J.D., is a specialist in Michigan State University's School of Criminal Justice. The director for this year’s MVAA is Merry Morash, Ph.D., a professor at Michigan State University, School of Criminal Justice. Applications for the 2002 MVAA are available at <http://www.cj.msu.edu/~outreach/mvaa/>. For further information about the academy, contact Danah Henriksen at 1-800-892-9051 or danah.henriksen@ssc.msu.edu.

Internet Crime Prevention

■ By Catherine Connell

Research indicates that Internet crimes are not typically victimless. For example, findings from one survey* of over 1,500 regular Internet users between the ages of 10 and 17 send a powerful warning:

- One in five youths between the ages of 10 and 17 received a sexual approach or solicitation over the Internet in the past year.
- One in 33 youths received an aggressive sexual solicitation over the Internet in the past year. This means a predator asked a young person to meet somewhere, called a young person on the phone, and/or sent the young person correspondence, money, or gifts through the U.S. Postal Service.
- One in four youths had unwanted exposure in the past year to pictures on the Internet of naked people or people having sex.

Most youths exposed to sexual content online did not report any distress. However, a significant portion of youths (23 percent) reported being very or extremely embarrassed, and some (20 percent) reported at least one symptom of stress (such as being jumpy or irritable). As the use of the Internet grows, more children and teens may be exposed to risks. Internet Crime Prevention programs can educate and help to prevent youth from falling victim to online crime.

Last March, the Macomb County Child Advocacy Center/Care House in Mt. Clemens enacted the Internet Crime Prevention Education program to answer this growing need. The Internet Crime Prevention Program is part of a larger law enforcement collaborative effort known as MACE (the Macomb Area Computer Enforcement task force). Funded by a \$35,000 grant from the SBC/Ameritech Foundation, this educational program seeks to prevent physical and sexual abuse of children who use the Internet and online chat forums. This yearlong outreach program educates parents and teens on the typical behaviors of online sexual predators.

Demonstrations by Care House and law enforcement officers stress the positive aspects of the Internet amid the potential

dangers. During hour-long sessions, instructors emphasize that knowing possible “danger zones” on the Internet (such as chat rooms, bulletin boards and some news groups) ultimately allows Internet users to feel more comfortable and in control.

Training sessions are offered separately for teens and adults. Classes for parents and teachers include demonstrations on how children can easily and innocently stumble upon pornographic sites, information about monitoring children and Internet safety tips (see below). Training sessions for teens include how to prevent risks online and respond to inappropriate chat room behavior. Participants are often shocked by a demonstration of how online predators can locate a child’s name, address, telephone number and even directions to their home just from the child’s screen name.

The course also reveals how sexual predators think and work. A predator may begin a “grooming” process to befriend a child, hooking the child with similar interests or with empathy (“I don’t like school either”), before making inappropriate overtures. Eventually, such “friendly” communications turn improper, with sexual predators often attempting to desensitize the children, often by sending pornographic material via email. Sometimes, the predator will even use this email against the child to keep the child hooked and threaten to tell the child’s parents about the material should the child want to end the communication.

The Internet Crime Prevention program is currently reaching out to middle and high school students, parents, and educational staff. As of December 2001, the program has reached over 1,000 students and 200 school faculty. ■

* Finkelhor, David. *Online Victimization: A report on the nation’s youth; crimes against children*. Children’s Research Center, University of New Hampshire, June 2000.

Catherine Connell, M.S.W., is a forensic interviewer at Care House in Mount Clemens, Michigan, and is a member of the MACE task force.

Internet Safety Tips for Youth	
DO... <ul style="list-style-type: none">❑ Tell a parent if someone sends you inappropriate pictures or email❑ Notify a parent if you encounter an objectionable website❑ Use the computer in a public area of the home where the screen can be checked often❑ Teach your parents about the Internet❑ Show your parent the websites and chatrooms you visit	DON'T... <ul style="list-style-type: none">❑ Send a photograph to strangers you meet on the Internet❑ Give out <i>any</i> personal information, including:<ul style="list-style-type: none">● Your real name, phone number and address● Email address or password● School name or location● Parents’ name or work phone numbers❑ Agree to a private meeting with someone you meet over the Internet

Utilizing a Mobile Team of Victim Advocates

By Daniel N. Cojanu

David Gorcyca made expansion of the Victim Services Section a priority when he became the Oakland County Prosecuting Attorney in 1997. At that time, there were only three victim advocates and one clerical staff member in Victim Services. Consequently, advocates spent a significant portion of their time providing hearing notification, leaving very little time to assist victims in court. Prosecutor Gorcyca’s support enabled the expansion of the Victim Services Section from four staff members to 11.

In 1998, I began my position as Victim Services supervisor. A tour of the 16 district courts of Oakland County revealed that in the busier courts, many victims were in distress while awaiting their case and appeared intimidated by a court process they did not understand. Moreover, many were unaware of their rights as crime victims. Due to the large dockets, assistant prosecutors did not have sufficient time to explain the legal proceedings to each victim and address their unique concerns.

Our answer to this challenge has been the creation of a “mobile team” of advocates to assist crime victims in various district courts throughout the county. Our team identifies specific cases that may require advocate assistance based on referrals from assistant prosecutors and reviews of warrants and court dockets. We prioritize crimes against children, the elderly, sexual assault victims and domestic violence cases because of the special needs of many of these particularly vulnerable victims.

Advocates generally meet crime victims at court and talk with them in a quiet, private setting to let them know they are supported. To reduce a victim’s anxiety about testifying, advocates explain in detail the legal proceedings scheduled for that day, including who will ask questions and who will be present in the courtroom. Advocates remain with the victims until their case is concluded to address issues that may come up at the end of the proceedings. We have found that providing this one-on-one service helps the victims feel more comfortable during an otherwise highly stressful process.

The success of the program has been in large part a result of the commitment of our advocates. We recruit law student interns interested in pursuing careers in prosecution. These internships provide invaluable courtroom exposure for law students and enable us to assist even more victims. The overwhelmingly positive feedback from victims and assistant prosecutors confirms that our personalized approach to victim assistance is working. One judge has expressed such admiration for the program that she would like to see one advocate per court—a goal to which we aspire! ■

Daniel N. Cojanu, M.A., is Victim Services Supervisor in Oakland County.

Treatment and Prevention: A Dual Approach

By Shelia Hankins

While many victim service agencies specialize in one area of violence, HAVEN addresses a broad spectrum, including domestic violence, sexual assault and child abuse. This wide scope of services stems from our strong belief in building safe communities by treating *and* preventing violence. For more than 25 years, HAVEN has provided direct services to victims and their families. HAVEN offers prevention services to eliminate violence and maintains a strong community presence for initiating and coordinating efforts related to domestic violence, sexual assault and child abuse.

HAVEN has five locations throughout Oakland County, allowing victims easier access to services. For those victims and their families, we provide services such as First Response crisis intervention at hospitals and police stations. Court advocates help victims by providing assistance with matters such as personal protection orders, while our Legal Program invites anyone experiencing abuse to visit our free legal clinics. HAVEN offers individual, group and family counseling to those of any age who experience or witness domestic violence or those affected by sexual assault and abuse. For those adults and children forced to flee their homes, HAVEN provides emergency shelter.

Our direct services to victims are complemented by another key element of HAVEN: the community education program. Even as we assist victims who have been affected by violence, we recognize a need to be proactive in eliminating future violence. To that end, we serve a wide range of individuals with prevention efforts funded by non-VOCA funds. Preschool and elementary students, along with their parents and teachers, are given information about child sexual assault and domestic violence. Middle school and high school students receive education about dating violence, date rape, sexual harassment and date rape drug prevention. Police, medical providers, court personnel and religious institutions undergo systems training. In 2000, our prevention efforts reached over 14,000 students, 600 school employees, 600 medical personnel and approximately 300 law enforcement agents and members of clergy.

We believe that both treatment *and* prevention services are vital components in eliminating domestic violence, sexual assault and child abuse in Oakland County, and we continue to build violence-free communities one family at a time. ■

Shelia Hankins, B.S., is Vice President of Programs at HAVEN in Pontiac.

Collaborating for Quality Sexual Assault Care

By Joyce Siegel

Victims of sexual assault and abuse deserve comprehensive services delivered in a compassionate manner. The Sexual Assault Services (SAS) of Calhoun County began in October of 1996 under this premise, offering 24-hour victim advocacy, counseling and community awareness education. Five years later, SAS has realized an incredible expansion and now includes Sexual Assault Nurse Examiners (SANEs), therapists, a community prevention educator and a corps of 50 trained community volunteer victim advocates.

One significant accomplishment of SAS is our development and implementation of the SANE program, a national program that we have adapted to suit our community needs. SANE programs are often challenging due to the complex collaboration necessary between medical, law enforcement, prosecution and service provider agencies. In Calhoun County, a unique “hybrid” SANE program utilizes elements of a medical model and a community-based model. Three county hospitals donate space for special use as SANE examination rooms to allow private, expert medical victim-focused and forensic examinations. State-of-the-art technology with video colposcopy, teleconferencing capability and specially designed examination chairs is available to victims at all three sites. Nurses are especially sensitive to the unique condition of sexual assault patients. While offering medical services in a sensitive manner, our specially trained nurses carefully preserve evidence, knowing that they may eventually be called to testify in court.

To ensure the highest possible quality response to victims, we have paired our SANE program with SAS Volunteer Victim Advocates. Our highly skilled, committed volunteer corps accounts for much of the program’s success. Advocates quickly respond to a rape victim in need, providing excellent crisis intervention, empathic support and after-care referrals. Advocates take special care with the comfort of often-distressed victims by providing food or beverage, and in the case of children, teddy bears and coloring books and crayons. Advocates help survivors long after the original crisis subsides, providing advocacy throughout the criminal justice process and beyond.

The development of our unique SANE program has not only improved services provided to victims, but has increased conviction rates of sex offenders in our county. Law enforcement and prosecution regularly rely on the quality of SANE services for assistance in holding offenders accountable. ■

Joyce Siegel, M.S.W., is Program Coordinator of Sexual Assault Services of Calhoun County.

Sensitive and Efficient Services for Sexually Abused Children

By Susan Heartwell

The Children’s Assessment Center (CAC) in Kent County provides protection and assistance to sexually abused children. Bringing together specially trained professionals in one child-sensitive facility has allowed CAC to increase the quality of interventions to children while reducing trauma to child victims and their families.

Prior to the Children’s Assessment Center, child victims were typically interviewed in several institutional settings between 8 to 10 times by professionals with varying degrees of expertise in communicating with young people. Interviews often took place in the police station (which to a child might seem a cold and frightening atmosphere), and when a child underwent a sexual abuse diagnostic medical exam, they were further subjected to the trauma of a hospital emergency room.

Since 1992, however, the CAC has dramatically changed the experience of child victims and their families by providing a multidisciplinary response in a safe environment. Professionals from law enforcement, Child Protective Services, medicine and mental health work side by side to offer age-sensitive services, an especially important goal given that most children accessing CAC services are between the ages of 5 and 9 years.

Families come to one child-oriented facility specifically designed to reduce trauma to victims. Children participate in one coordinated, expert interview, relieving them of having to repeat their story to many strangers in institutional settings. Specially trained pediatricians perform timely medical exams in friendly environments rather than in the frenetically paced setting of a hospital emergency room. A master’s level crisis counselor supports victims and their families through the entire legal process, from investigation to prosecution. The CAC also provides after hours services, including on-call center investigators, on-call crisis counselors and specially trained medical staff through a partnership with DeVos Children’s Hospital.

All services at the CAC are provided at no cost to victims and have benefited nearly 8,000 children of Kent County in the last eight years. Annually, between 700 to 950 children receive an assessment of alleged sexual victimization and 150 to 200 children receive special medical exams. The Children’s Assessment Center staff also provide parents resource material and support in their on-going efforts to make a difference in the lives of Kent County’s youngest crime victims. ■

Susan Heartwell, M.P.A., is Executive Director of the Children’s Assessment Center in Grand Rapids.